

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known) _____ Chapter 11

Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

| | | | |
|--|---|--|---|
| 1. Debtor's name | <u>Belzo LLC d/b/a Rockaway Pharmacy & Compounding</u> | | |
| 2. All other names debtor used in the last 8 years | Include any assumed names, trade names and <i>doing business as</i> names | | |
| 3. Debtor's federal Employer Identification Number (EIN) | <u>46-4175737</u> | | |
| 4. Debtor's address | Principal place of business <u>25 West Main Street</u> <u>Rockaway, NJ 07866</u> Number, Street, City, State & ZIP Code | Mailing address, if different from principal place of business P.O. Box, Number, Street, City, State & ZIP Code | Location of principal assets, if different from principal place of business Number, Street, City, State & ZIP Code |
| 5. Debtor's website (URL) | <u>www.rockawaypharmacy.com</u> | | |
| 6. Type of debtor | <input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____ | | |

7. Describe debtor's business**A. Check one:**

Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the above

B. Check all that apply

Tax-exempt entity (as described in 26 U.S.C. §501)
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.4461**8. Under which chapter of the Bankruptcy Code is the debtor filing?****Check one:**

Chapter 7
 Chapter 9
 Chapter 11. **Check all that apply:**

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
 A plan is being filed with this petition.
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years? No. Yes.

If more than 2 cases, attach a separate list.

District _____ When _____ Case number _____

District _____ When _____ Case number _____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? No Yes.

List all cases. If more than 1, attach a separate list

Debtor _____ Relationship _____

District _____ When _____ Case number, if known _____

Debtor Belzo LLC d/b/a Rockaway Pharmacy & Compounding _____
 Name _____

Case number (if known) _____

11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

 No Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention? (Check all that apply.)** It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

 It needs to be physically secured or protected from the weather. It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options). Other _____**Where is the property?**

Number, Street, City, State & ZIP Code _____

Is the property insured? No Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information13. Debtor's estimation of available funds *Check one:* Funds will be available for distribution to unsecured creditors. After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

1-49
 50-99
 100-199
 200-999

1,000-5,000
 5001-10,000
 10,001-25,000

25,001-50,000
 50,001-100,000
 More than 100,000

15. Estimated Assets

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

16. Estimated liabilities

\$0 - \$50,000
 \$50,001 - \$100,000
 \$100,001 - \$500,000
 \$500,001 - \$1 million

\$1,000,001 - \$10 million
 \$10,000,001 - \$50 million
 \$50,000,001 - \$100 million
 \$100,000,001 - \$500 million

\$500,000,001 - \$1 billion
 \$1,000,000,001 - \$10 billion
 \$10,000,000,001 - \$50 billion
 More than \$50 billion

Debtor

Belzo LLC d/b/a Rockaway Pharmacy & Compounding

Name

Case number (if known)

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 5, 2020

MM / DD / YYYY

X /s/ Greg DePaolo

Signature of authorized representative of debtor

Greg DePaolo

Printed name

Title Managing Member

18. Signature of attorney

X /s/ David Edelberg

Signature of attorney for debtor

Date October 5, 2020

MM / DD / YYYY

David Edelberg

Printed name

Cullen and Dykman LLP

Firm name

433 Hackensack Avenue, 12th Fl.

Hackensack, NJ 07601

Number, Street, City, State & ZIP Code

Contact phone 201-488-1300

Email address dadelberg@cullenanddykman.com

022381983 NJ

Bar number and State

Fill in this information to identify the case:

Debtor name Belzo LLC d/b/a Rockaway Pharmacy & Compounding

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 5, 2020

X /s/ Greg DePaolo

Signature of individual signing on behalf of debtor

Greg DePaolo

Printed name

Managing Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Belzo LLC d/b/a Rockaway Pharmacy & Compounding

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known): _____

Check if this is an
amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, and government contracts) | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim | | |
|--|--|---|--|-----------------------------------|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| Alblez, Inc. 22 Almadera Drive Wayne, NJ 07470 | | Sale of Business | | | | \$434,000.00 |
| Anda Pharmaceuticals Inc. 2915 Weston Road Weston, FL 33331 | | supplier | | | | \$270,000.00 |
| Bankers Healthcare Group 10234 W. State Road 84 Davie, FL 33324 | | loan | Unliquidated | | | \$100,217.38 |
| Bloodwork Wholesale 2128 Yank Lamb Drive Tifton, GA 31793 | | Supplier | Unliquidated | | | \$5,000.00 |
| Blue Vine 30 Montgomery Street, Ste 1400 Jersey City, NJ 07302 | | loan | Unliquidated | | | \$105,000.00 |
| Capital Wholesale Drug Co 873 Williams Ave Columbus, OH 43212 | | Trade Debt | Unliquidated | | | \$11,000.00 |
| Cardinal 110 LLC c/o Scott Zuber, Esq. Chiesa Shahinian and Giantomaso One Boland Drive West Orange, NJ 07052 | | Inventory, receivables, prescription lists, all assets | | \$330,000.00 | \$150,000.00 | Unknown |

Debtor **Belzo LLC d/b/a Rockaway Pharmacy & Compounding**
Name

Case number (if known)

| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim | | |
|---|--|---|--|-----------------------------------|---|-----------------|
| | | | | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim |
| CIT Bank N.A. 888 East Walnut Street Pasadena, CA 91101 | | telephones, corded and wireless | | Unknown | \$500.00 | Unknown |
| Forward Financing 53 State Street, 20th Fl Boston, MA 02109 | | Loan | Unliquidated | | | \$45,000.00 |
| Fund Works 747 Front Street San Francisco, CA 94111 | | Loan | | | | \$99,227.72 |
| Greg DePaolo 9 Terry Place Oak Ridge, NJ 07438 | | wages | | | | \$0.00 |
| Greg DePaolo 9 Terry Place Oak Ridge, NJ 07438 | | wages | | | | Unknown |
| Greg DePaolo 9 Terry Place Oak Ridge, NJ 07438 | | | Unliquidated | | | \$0.00 |
| Independent Pharmacy Cooperative 1550 Columbus Street Sun Prairie, WI 53590 | | Supplier | Unliquidated | | | \$25,508.00 |
| Kapitus Servicing 2500 Discovery Blvd, Ste 200 Rockwall, TX 75032 | | Loan | Unliquidated | | | \$90,000.00 |
| M&T Bank One M&T Plaza, 8th Floor Attn: Mark W. Warren, Esq., Legal Dept Buffalo, NY 14203 | | Line of credit | Unliquidated | | | \$100,000.00 |
| Moorehouse LP 33 Division Street Somerville, NJ 08876 | | non-residential real property lease | Unliquidated | | | \$0.00 |
| PC Bancard 420 Boulevard Mountain Lakes, NJ 07046 | | credit card processing | | | | \$0.00 |
| PNC Bank 222 Delaware Ave Wilmington, DE 19801 | | Loan and Line of credit | Unliquidated | | | \$146,000.00 |

| Debtor Name | Belzo LLC d/b/a Rockaway Pharmacy & Compounding | | | Case number (if known) | | | |
|---|--|---|--|--|---|-----------------|--|
| Name of creditor and complete mailing address, including zip code | Name, telephone number and email address of creditor contact | Nature of claim (for example, trade debts, bank loans, professional services, | Indicate if claim is contingent, unliquidated, or disputed | Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim. | | | |
| | | | Unliquidated | Total claim, if partially secured | Deduction for value of collateral or setoff | Unsecured claim | |
| Top RX LLC 3790 Commerce Court, Ste 400 North Tonawanda, NY 14120 | | | | | | \$900.00 | |

Fill in this information to identify the case:

Debtor name Belzo LLC d/b/a Rockaway Pharmacy & Compounding

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ 572,500.00

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ 572,500.00

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 330,000.00

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 1,431,853.10

4. **Total liabilities**

Lines 2 + 3a + 3b

\$ 1,761,853.10

Fill in this information to identify the case:

Debtor name **Belzo LLC d/b/a Rockaway Pharmacy & Compounding**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. **Cash on hand**

\$2,000.00

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **TD Bank operating account**

\$7,500.00

4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

\$9,500.00

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes Fill in the information below.

11. **Accounts receivable**

Debtor Belzo LLC d/b/a Rockaway Pharmacy & Compounding Case number (*If known*) _____
Name _____

11a. 90 days old or less: 30,000.00 - 0.00 = \$30,000.00
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$30,000.00

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.
 Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.
 Yes Fill in the information below.

| General description | Date of the last physical inventory | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|-------------------------------------|---|---|------------------------------------|
| 19. Raw materials | | | | |
| 20. Work in progress | | | | |
| 21. Finished goods, including goods held for resale <u>Inventory</u> | | <u>\$0.00</u> | | <u>\$150,000.00</u> |

22. Other inventory or supplies

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$150,000.00

24. Is any of the property listed in Part 5 perishable?

No
 Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

No
 Yes. Book value _____ Valuation method _____ Current Value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

No
 Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.
 Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

Debtor Belzo LLC d/b/a Rockaway Pharmacy & Compounding Case number (*If known*) _____
 Name _____

No. Go to Part 8.
 Yes Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|------------------------------------|
| 39. Office furniture | | | |
| 40. Office fixtures | | | |
| 41. Office equipment, including all computer equipment and communication systems equipment and software telephones, corded and wireless | <u>\$0.00</u> | | <u>\$500.00</u> |

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** \$500.00
 Add lines 39 through 42. Copy the total to line 86.

44. **Is a depreciation schedule available for any of the property listed in Part 7?**

No
 Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

No
 Yes

Part 8: Machinery, equipment, and vehicles

46. **Does the debtor own or lease any machinery, equipment, or vehicles?**

No. Go to Part 9.
 Yes Fill in the information below.

| General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number) | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|--|---|------------------------------------|
| 47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles | | | |
| 48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels | | | |
| 49. Aircraft and accessories | | | |
| 50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) Miscellaneous office equipment, server, 3 monitors and 2 clients, pill counting machine, tools, scales, cash registers, shelving and fixtures. | <u>\$0.00</u> | <u>Liquidation</u> | <u>\$7,500.00</u> |

51. **Total of Part 8.** \$7,500.00

Add lines 47 through 50. Copy the total to line 87.

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 3

Debtor Belzo LLC d/b/a Rockaway Pharmacy & Compounding Case number (*If known*) _____
 Name _____

No
 Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

No
 Yes

Part 9: Real property

54. Does the debtor own or lease any real property?

No. Go to Part 10.
 Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

| Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.) | Nature and extent of debtor's interest in property | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|--|--|---|---|------------------------------------|
| 55.1. 25 West Main Street, Rockaway, NJ | Tenant month to month | Unknown | | \$0.00 |

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
 Copy the total to line 88.

\$0.00

57. Is a depreciation schedule available for any of the property listed in Part 9?

No
 Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

No
 Yes

Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.
 Yes Fill in the information below.

| General description | Net book value of debtor's interest (Where available) | Valuation method used for current value | Current value of debtor's interest |
|---|---|---|------------------------------------|
| 60. Patents, copyrights, trademarks, and trade secrets | | | |
| 61. Internet domain names and websites <u>www.rockawaypharmacy.com</u> | \$0.00 | Liquidation | Unknown |
| 62. Licenses, franchises, and royalties <u>Pharmacy license</u> | \$0.00 | | Unknown |

Debtor Belzo LLC d/b/a Rockaway Pharmacy & Compounding Case number (*If known*) _____
Name _____

63. **Customer lists, mailing lists, or other compilations** _____ Unknown Revenue based \$375,000.00

Prescription lists _____

64. **Other intangibles, or intellectual property** _____

65. **Goodwill** _____

66. **Total of Part 10.** _____ \$375,000.00

Add lines 60 through 65. Copy the total to line 89.

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107)?

No
 Yes

68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**

No
 Yes

69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**

No
 Yes

Part 11: All other assets

70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

Debtor Belzo LLC d/b/a Rockaway Pharmacy & Compounding Case number (*If known*) _____
Name _____

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

| Type of property | Current value of personal property | Current value of real property |
|--|------------------------------------|--------------------------------|
| 80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i> | <u>\$9,500.00</u> | |
| 81. Deposits and prepayments. <i>Copy line 9, Part 2.</i> | <u>\$0.00</u> | |
| 82. Accounts receivable. <i>Copy line 12, Part 3.</i> | <u>\$30,000.00</u> | |
| 83. Investments. <i>Copy line 17, Part 4.</i> | <u>\$0.00</u> | |
| 84. Inventory. <i>Copy line 23, Part 5.</i> | <u>\$150,000.00</u> | |
| 85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i> | <u>\$0.00</u> | |
| 86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i> | <u>\$500.00</u> | |
| 87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i> | <u>\$7,500.00</u> | |
| 88. Real property. <i>Copy line 56, Part 9.....></i> | | <u>\$0.00</u> |
| 89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i> | <u>\$375,000.00</u> | |
| 90. All other assets. <i>Copy line 78, Part 11.</i> | <u>\$0.00</u> | |
| 91. Total. Add lines 80 through 90 for each column | <u>\$572,500.00</u> | + 91b. <u>\$0.00</u> |
| 92. Total of all property on Schedule A/B. Add lines 91a+91b=92 | | <u>\$572,500.00</u> |

Fill in this information to identify the case:

Debtor name **Belzo LLC d/b/a Rockaway Pharmacy & Compounding**United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

 Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| | | Column A Amount of claim | Column B Value of collateral that supports this claim |
|-----|---|--|--|
| 2.1 | <p>Cardinal 110 LLC</p> <p>Creditor's Name c/o Scott Zuber, Esq. Chiesa Shahinian and Giantomaso One Boland Drive West Orange, NJ 07052</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number</p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p> | <p>Describe debtor's property that is subject to a lien Inventory, receivables, prescription lists, all assets</p> <p>Describe the lien sale of goods</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> <p>As of the petition filing date, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> | <p>\$330,000.00</p> <p>\$150,000.00</p> |
| 2.2 | <p>CIT Bank N.A.</p> <p>Creditor's Name</p> <p>888 East Walnut Street Pasadena, CA 91101</p> <p>Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p>Date debt was incurred</p> <p>Last 4 digits of account number 1535</p> | <p>Describe debtor's property that is subject to a lien telephones, corded and wireless</p> <p>Describe the lien lease 4 corded telephones, 3 wireless telephones</p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)</p> | <p>Unknown</p> <p>\$500.00</p> |

Debtor **Belzo LLC d/b/a Rockaway Pharmacy & Compounding**
Name _____

Case number (if known) _____

Do multiple creditors have an interest in the same property?

No
 Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:
Check all that apply

Contingent
 Unliquidated
 Disputed

3. **Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.** **\$330,000.00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name **Belzo LLC d/b/a Rockaway Pharmacy & Compounding**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | Total claim | Priority amount |
|-----|---|---|
| 2.1 | Priority creditor's name and mailing address Greg DePaolo 9 Terry Place Oak Ridge, NJ 07438 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Unknown \$13,850.00 |
| | Date or dates debt was incurred | Basis for the claim: wages |
| | Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | |
| 2.2 | Priority creditor's name and mailing address Greg DePaolo 9 Terry Place Oak Ridge, NJ 07438 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Unknown Unknown |
| | Date or dates debt was incurred | Basis for the claim: wages |
| | Last 4 digits of account number | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4) | |

| | | |
|---------------|---|--|
| Debtor | Belzo LLC d/b/a Rockaway Pharmacy & Compounding | Case number (if known) |
| | Name | |
| 2.3 | <p>Priority creditor's name and mailing address Internal Revenue Service 955 S. Springfield Avenue, Bldg A Springfield, NJ 07081</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> |
| | Date or dates debt was incurred | Basis for the claim: |
| | Last 4 digits of account number | Is the claim subject to offset? |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| 2.4 | <p>Priority creditor's name and mailing address State of New Jersey Division of Taxation Bankruptcy Section P.O. Box 245 Trenton, NJ 08695-0245</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> |
| | Date or dates debt was incurred | Basis for the claim: |
| | Last 4 digits of account number | Is the claim subject to offset? |
| | Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

| | | Amount of claim |
|-----|--|---|
| 3.1 | <p>Nonpriority creditor's name and mailing address Alblez, Inc. 22 Almadera Drive Wayne, NJ 07470</p> <p>Date(s) debt was incurred <u>August 2014</u></p> <p>Last 4 digits of account number _</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Sale of Business</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> |
| 3.2 | <p>Nonpriority creditor's name and mailing address Amerisource Bergen 1300 Morris Drive Chesterbrook, PA 19087</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Supplier</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> |
| 3.3 | <p>Nonpriority creditor's name and mailing address Anda Pharmaceuticals Inc. 2915 Weston Road Weston, FL 33331</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Supplier</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> |

| | | | |
|--------|---|--|---------------------|
| Debtor | Belzo LLC d/b/a Rockaway Pharmacy & Compounding Name | Case number (if known) | |
| 3.4 | <p>Nonpriority creditor's name and mailing address Bankers Healthcare Group 10234 W. State Road 84 Davie, FL 33324</p> <p>Date(s) debt was incurred <u>December 2018</u></p> <p>Last 4 digits of account number <u>3331</u></p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$100,217.38 |
| 3.5 | <p>Nonpriority creditor's name and mailing address Bloodwork Wholesale 2128 Yank Lamb Drive Tifton, GA 31793</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Supplier</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$5,000.00 |
| 3.6 | <p>Nonpriority creditor's name and mailing address Blue Vine 30 Montgomery Street, Ste 1400 Jersey City, NJ 07302</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$105,000.00 |
| 3.7 | <p>Nonpriority creditor's name and mailing address Capital Wholesale Drug Co 873 Williams Ave Columbus, OH 43212</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Trade Debt</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$11,000.00 |
| 3.8 | <p>Nonpriority creditor's name and mailing address Forward Financing 53 State Street, 20th Fl Boston, MA 02109</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$45,000.00 |
| 3.9 | <p>Nonpriority creditor's name and mailing address Fund Works 747 Front Street San Francisco, CA 94111</p> <p>Date(s) debt was incurred <u>October 4, 2019</u></p> <p>Last 4 digits of account number <u>2178</u></p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | \$99,227.72 |
| 3.10 | <p>Nonpriority creditor's name and mailing address Greg DePaolo 9 Terry Place Oak Ridge, NJ 07438</p> <p>Date(s) debt was incurred _</p> <p>Last 4 digits of account number _</p> | <p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: _</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | Unknown |

| | | | |
|--------|---|--|------------------------|
| Debtor | Belzo LLC d/b/a Rockaway Pharmacy & Compounding | | Case number (if known) |
| Name | | | |
| 3.11 | Nonpriority creditor's name and mailing address Independent Pharmacy Cooperative 1550 Columbus Treet Sun Prairie, WI 53590 | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$25,508.00 |
| | | <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Date(s) debt was incurred _____ | Basis for the claim: <u>Supplier</u> | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.12 | Nonpriority creditor's name and mailing address Jersey Central Power and Light PO Box 3687 Akron, OH 44309 | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$0.00 |
| | | <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Date(s) debt was incurred _____ | Basis for the claim: _____ | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.13 | Nonpriority creditor's name and mailing address Kapitus Servicing 2500 Discovery Blvd, Ste 200 Rockwall, TX 75032 | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$90,000.00 |
| | | <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Date(s) debt was incurred <u>April 2019</u> | Basis for the claim: <u>Loan</u> | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.14 | Nonpriority creditor's name and mailing address M&T Bank One M&T Plaza, 8th Floor Attn: Mark W. Warren, Esq., Legal Dept Buffalo, NY 14203 | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$100,000.00 |
| | | <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Date(s) debt was incurred _____ | Basis for the claim: <u>Line of credit</u> | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.15 | Nonpriority creditor's name and mailing address Moorehouse LP 33 Division Street Somerville, NJ 08876 | As of the petition filing date, the claim is: <i>Check all that apply.</i> | Unknown |
| | | <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Date(s) debt was incurred _____ | Basis for the claim: <u>non-residential real property lease</u> | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.16 | Nonpriority creditor's name and mailing address New Jersey Natural Gas 415 Wyckoff Road PO Box 1464 Belmar, NJ 07719 | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$0.00 |
| | | <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Date(s) debt was incurred _____ | Basis for the claim: <u>Natural gas</u> | |
| | Last 4 digits of account number _____ | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| 3.17 | Nonpriority creditor's name and mailing address Optimum 1111 Stewart Avenue Bethpage, NY 11714 | As of the petition filing date, the claim is: <i>Check all that apply.</i> | \$0.00 |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Date(s) debt was incurred _____ | Basis for the claim: <u>internet and telephone service</u> | |
| | Last 4 digits of account number <u>1039</u> | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |

| | | | |
|---|---|--|---------------------|
| Debtor Belzo LLC d/b/a Rockaway Pharmacy & Compounding Name _____ | | Case number (if known) _____ | |
| 3.18 | Nonpriority creditor's name and mailing address PC Bancard 420 Boulevard Mountain Lakes, NJ 07046 Date(s) debt was incurred _____ Last 4 digits of account number <u>6383</u> | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>credit card processing</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | Unknown |
| 3.19 | Nonpriority creditor's name and mailing address PNC Bank 222 Delaware Ave Wilmington, DE 19801 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan and Line of credit</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$146,000.00 |
| 3.20 | Nonpriority creditor's name and mailing address Top RX LLC 3790 Commerce Court, Ste 400 North Tonawanda, NY 14120 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$900.00 |
| 3.21 | Nonpriority creditor's name and mailing address Township of Rockaway 65 Mount Hope Road Rockaway, NJ 07866 Date(s) debt was incurred _____ Last 4 digits of account number _____ | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>water service</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | \$0.00 |

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

| | Name and mailing address | On which line in Part 1 or Part 2 is the related creditor (if any) listed? | Last 4 digits of account number, if any |
|-----|---|--|---|
| 4.1 | Ariel Bouskila, Esq. Berkovitch & Bouskila, PLLC 80 Broad Street, Ste 3303 New York, NY 10004 | Line <u>3.9</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.2 | Geoffrey E. Lynott, Esq. McCarter & English Four Gateway Center 100 Mulberry Street Newark, NJ 07102 | Line <u>3.14</u> <input type="checkbox"/> Not listed. Explain _____ | — |
| 4.3 | Michael S. Goodman, Esq. 3 University Plaza, Ste 350 Hackensack, NJ 07601 | Line <u>3.1</u> <input type="checkbox"/> Not listed. Explain _____ | — |

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts _____

Debtor **Belzo LLC d/b/a Rockaway Pharmacy & Compounding**
Name _____

Case number (if known) _____

5a. Total claims from Part 1

5a. \$ **0.00**

5b. Total claims from Part 2

5b. + \$ **1,431,853.10**

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

5c. \$ **1,431,853.10**

Fill in this information to identify the case:

Debtor name Belzo LLC d/b/a Rockaway Pharmacy & Compounding

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) _____

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Central payment processing

State the term remaining

List the contract number of any government contract

Central Pay
2350 Kerner Blvd, Ste 300
San Rafael, CA 94901

2.2. State what the contract or lease is for and the nature of the debtor's interest

Telephone Equipment Lease

State the term remaining

List the contract number of any government contract

CIT Bank N.A.
888 East Walnut Street
Pasadena, CA 91101

2.3. State what the contract or lease is for and the nature of the debtor's interest

lease non residential real property

State the term remaining

List the contract number of any government contract

Moorehouse LP
33 Division Street
Somerville, NJ 07887-6000

2.4. State what the contract or lease is for and the nature of the debtor's interest

Internet and telephone service

State the term remaining

List the contract number of any government contract

acct no
07876-489781-03-9

Optimum
1111 Stewart Avenue
Bethpage, NY 11714

Debtor 1 **Belzo LLC d/b/a Rockaway Pharmacy & Compounding**

First Name

Middle Name

Last Name

Case number (*if known*)

Additional Page if You Have More Contracts or Leases

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.5. State what the contract or lease is for and the nature of the debtor's interest

Credit Card Processing

State the term remaining

List the contract number of any government contract

**PC Bancard
420 Boulevard
Mountain Lakes, NJ 07046**

Fill in this information to identify the case:

Debtor name **Belzo LLC d/b/a Rockaway Pharmacy & Compounding**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Debra DePaolo**

**9 Terry Place
Oak Ridge, NJ 07438**

Alblez, Inc.

D _____
 E/F **3.1**
 G _____

2.2 **Greg DePaolo**

**9 Terry Place
Oak Ridge, NJ 07438**

Alblez, Inc.

D _____
 E/F **3.1**
 G _____

2.3 **Greg DePaolo**

**9 Terry Place
Oak Ridge, NJ 07438**

Fund Works

D _____
 E/F **3.9**
 G _____

2.4 **Greg DePaolo**

**9 Terry Place
Oak Ridge, NJ 07438**

Cardinal 110 LLC

D **2.1**
 E/F _____
 G _____

2.5 **Greg DePaolo**

**9 Terry Place
Oak Ridge, NJ 07438**

Amerisource Bergen

D _____
 E/F **3.2**
 G _____

Debtor **Belzo LLC d/b/a Rockaway Pharmacy & Compounding**

Case number (if known) _____

Additional Page to List More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

| | | | | |
|------|---------------------|--|--------------------------|---|
| 2.6 | Greg DePaolo | 9 Terry Place Oak Ridge, NJ 07438 | Blue Vine | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.6 <input type="checkbox"/> G _____ |
| 2.7 | Greg DePaolo | 9 Terry Place Oak Ridge, NJ 07438 | Forward Financing | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.8 <input type="checkbox"/> G _____ |
| 2.8 | Greg DePaolo | 9 Terry Place Oak Ridge, NJ 07438 | Kapitus Servicing | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.13 <input type="checkbox"/> G _____ |
| 2.9 | Greg DePaolo | 9 Terry Place Oak Ridge, NJ 07438 | M&T Bank | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.14 <input type="checkbox"/> G _____ |
| 2.10 | Greg DePaolo | 9 Terry Place Oakridge, NJ 07483 | PNC Bank | <input type="checkbox"/> D _____ <input checked="" type="checkbox"/> E/F 3.19 <input type="checkbox"/> G _____ |

Fill in this information to identify the case:

Debtor name **Belzo LLC d/b/a Rockaway Pharmacy & Compounding**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) _____

Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/19

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:
From **1/01/2020** to **Filing Date**

Operating a business

\$1,917,202.17

Other _____

For prior year:
From **1/01/2019** to **12/31/2019**

Operating a business

\$3,230,153.76

Other **sales**

For year before that:
From **1/01/2018** to **12/31/2018**

Operating a business

\$3,412,032.59

Other **sales**

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer
Check all that apply

Debtor

Belzo LLC d/b/a Rockaway Pharmacy & Compounding

Case number (if known) _____

| Creditor's Name and Address | Dates | Total amount of value | Reasons for payment or transfer Check all that apply |
|--|-------|-----------------------|---|
| 3.1. See attached list of disbursements | | \$0.00 | <input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____ |

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,825. (This amount may be adjusted on 4/01/22 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

 None.

| Insider's name and address Relationship to debtor | Dates | Total amount of value | Reasons for payment or transfer |
|--|-------|-----------------------|---------------------------------|
| 4.1. See attached list of disbursements | | \$0.00 | |

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

 None

| Creditor's name and address | Describe of the Property | Date | Value of property |
|--|--|-------------|-------------------|
| Fund Works 747 Front Street San Francisco, CA 94111 | Debtor's credit card processing account | August 2020 | Unknown |
| Cardinal 110 LLC c/o Bruce Bieber, Esq. Kurzman Eisenberg Corbin & Lever LLP One North Broadway, 12th Fl White Plains, NY 10601 | Debtor's Leadernet Account maintained by Central Pay. | August 2020 | \$65,000.00 |

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

 None

| Creditor's name and address | Description of the action creditor took | Date action was taken | Amount |
|-----------------------------|---|-----------------------|--------|
| | | | |

Part 3: Legal Actions or Assignments**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

 None.

| Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|---------------------------|----------------|------------------------------------|----------------|
| | | | |

Debtor

Belzo LLC d/b/a Rockaway Pharmacy & Compounding

Case number (if known)

| Case title Case number | Nature of case | Court or agency's name and address | Status of case |
|--|----------------|------------------------------------|---|
| 7.1. The Fundworks LLC v Debtor 712348/2020 | collection | NY Suprem Court, Queen County | <input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded |

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

 None**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000** None

| Recipient's name and address | Description of the gifts or contributions | Dates given | Value |
|------------------------------|---|-------------|-------|
| | | | |

Part 5: Certain Losses**10. All losses from fire, theft, or other casualty within 1 year before filing this case.** None

| Description of the property lost and how the loss occurred | Amount of payments received for the loss | Dates of loss | Value of property lost |
|--|---|---------------|------------------------|
| | If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). | | |

Part 6: Certain Payments or Transfers**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

 None.

| Who was paid or who received the transfer? Address | If not money, describe any property transferred | Dates | Total amount or value |
|---|---|-----------------|-----------------------|
| 11.1. David Edelberg, Esq. Cullen and Dykman, LLP 433 Hackensack Avenue Hackensack, NJ 07601 | | January 8, 2020 | \$5,000.00 |

Email or website address

Who made the payment, if not debtor?

Debtor

Belzo LLC d/b/a Rockaway Pharmacy & Compounding

Case number (if known) _____

| Who was paid or who received the transfer? Address | If not money, describe any property transferred | Dates | Total amount or value |
|---|---|-----------------------|-----------------------|
| 11.2. David Edelberg, Esq. Cullen and Dykman, LLP 433 Hackensack Avenue Hackensack, NJ 07601 | | July 28, 2020 | \$500.00 |
| Email or website address | | | |
| Who made the payment, if not debtor? | | | |
| 11.3. David Edelberg, Esq. Cullen and Dykman, LLP 433 Hackensack Avenue Hackensack, NJ 07601 | | September 10, 2020 | \$7,000.00 |
| Email or website address | | | |
| Who made the payment, if not debtor? | | | |
| 11.4. David Edelberg, Esq. Cullen and Dykman, LLP 433 Hackensack Avenue Hackensack, NJ 07601 | | September 14, 2020 | \$4,000.00 |
| Email or website address | | | |
| Who made the payment, if not debtor? | | | |
| 11.5. David Edelberg, Esq. Cullen and Dykman, LLP 433 Hackensack Avenue Hackensack, NJ 07601 | | September 18, 2020 | \$4,000.00 |
| Email or website address | | | |
| Who made the payment, if not debtor? | | | |
| 11.6. David Edelberg, Esq. Cullen and Dykman, LLP 433 Hackensack Avenue Hackensack, NJ 07601 | | September 25, 2020 | \$2,500.00 |
| Email or website address | | | |
| Who made the payment, if not debtor? | | | |

Debtor

Belzo LLC d/b/a Rockaway Pharmacy & Compounding

Case number (if known)

| Who was paid or who received the transfer? Address | If not money, describe any property transferred | Dates | Total amount or value |
|---|---|-----------------|-----------------------|
| 11.7. David Edelberg, Esq. Cullen and Dykman, LLP 433 Hackensack Avenue Hackensack, NJ 07601 | | October 2, 2020 | \$1,000.00 |
| Email or website address | | | |
| Who made the payment, if not debtor? | | | |

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

| Name of trust or device | Describe any property transferred | Dates transfers were made | Total amount or value |
|-------------------------|-----------------------------------|---------------------------|-----------------------|
|-------------------------|-----------------------------------|---------------------------|-----------------------|

13. Transfers not already listed on this statement

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

| Who received transfer? Address | Description of property transferred or payments received or debts paid in exchange | Date transfer was made | Total amount or value |
|-----------------------------------|--|------------------------|-----------------------|
|-----------------------------------|--|------------------------|-----------------------|

Part 7: Previous Locations**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

| Address | Dates of occupancy From-To |
|---------|-------------------------------|
|---------|-------------------------------|

Part 8: Health Care Bankruptcies**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.

Yes. Fill in the information below.

| Facility name and address | Nature of the business operation, including type of services the debtor provides | If debtor provides meals and housing, number of patients in debtor's care |
|---------------------------|--|---|
|---------------------------|--|---|

Part 9: Personally Identifiable Information

Debtor

Belzo LLC d/b/a Rockaway Pharmacy & Compounding

Case number (if known) _____

16. Does the debtor collect and retain personally identifiable information of customers?

No.

Yes. State the nature of the information collected and retained.

customer addresses, health insurance information and for flu shot customers the social security numbers.

Does the debtor have a privacy policy about that information?

No

Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

No. Go to Part 10.

Yes. Does the debtor serve as plan administrator?

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

| Financial Institution name and Address | Last 4 digits of account number | Type of account or instrument | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
|--|---------------------------------|---|--|---|
| 18.1. PNC Bank Rockaway, NJ 07866 | XXXX- | <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____ | April 2020 | \$0.00 |

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

| Depository institution name and address | Names of anyone with access to it Address | Description of the contents | Do you still have it? |
|---|--|-----------------------------|-----------------------|
|---|--|-----------------------------|-----------------------|

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

| Facility name and address | Names of anyone with access to it | Description of the contents | Do you still have it? |
|---------------------------|-----------------------------------|-----------------------------|-----------------------|
|---------------------------|-----------------------------------|-----------------------------|-----------------------|

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

Debtor

Belzo LLC d/b/a Rockaway Pharmacy & Compounding

Case number (if known) _____

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Part 12: Details About Environment Information

For the purpose of Part 12, the following definitions apply:

Environmental law means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

Site means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

Hazardous material means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

No.
 Yes. Provide details below.

| Case title Case number | Court or agency name and address | Nature of the case | Status of case |
|---------------------------|-------------------------------------|--------------------|----------------|
|---------------------------|-------------------------------------|--------------------|----------------|

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

No.
 Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|---------------------------------------|-----------------------------|----------------|
|-----------------------|---------------------------------------|-----------------------------|----------------|

24. Has the debtor notified any governmental unit of any release of hazardous material?

No.
 Yes. Provide details below.

| Site name and address | Governmental unit name and address | Environmental law, if known | Date of notice |
|-----------------------|---------------------------------------|-----------------------------|----------------|
|-----------------------|---------------------------------------|-----------------------------|----------------|

Part 13: Details About the Debtor's Business or Connections to Any Business**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

| Business name address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. | Dates business existed |
|-----------------------|-------------------------------------|--|------------------------|
|-----------------------|-------------------------------------|--|------------------------|

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

| Name and address | Date of service From-To |
|------------------|----------------------------|
|------------------|----------------------------|

Debtor

Belzo LLC d/b/a Rockaway Pharmacy & Compounding

Case number (if known)

| Name and address | | Date of service From-To |
|--|--|----------------------------|
| 26a.1. Edward Smith, CPA 64 Westland Road Cedar Grove, NJ 07009 | | 2014 to date |
| 26a.2. Halliez Tax & Accounting Basking Ridge, NJ 07920 | | 2014 to date |

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

| Name and address | If any books of account and records are unavailable, explain why |
|---|--|
| 26c.1. Edward Smith CPA 64 Westland Road Cedar Grove, NJ 07009 | |
| 26c.2. Jennifer Halliez | |

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

| Name and address |
|--|
| 26d.1. Bankers Healthcare Group |

26d.2. **Corporate Capital Direct**

26d.3. **StillwellRX Pharmacy Consulting**

26d.4. **Direct Funding Now**

26d.5. **Fund Works**
747 Front St
San Francisco, CA 94111

26d.6. **Forward Financing**
53 State Street
Boston, MA 02109

26d.7. **Kapitus Servicing**
2500 Discovery BBld, Ste 200
Rockwall, TX 75032

26d.8. **Blue Vine**
30 Montgomery Street
Jersey City, NJ 07302

Debtor

Belzo LLC d/b/a Rockaway Pharmacy & Compounding

Case number (if known) _____

Name and address

26d.9. Jason Hu

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

No
 Yes. Give the details about the two most recent inventories.

| Name of the person who supervised the taking of the inventory | Date of inventory | The dollar amount and basis (cost, market, or other basis) of each inventory |
|---|-------------------|--|
|---|-------------------|--|

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

| Name | Address | Position and nature of any interest | % of interest, if any |
|--------------|--------------------------------------|-------------------------------------|-----------------------|
| Greg DePaolo | 9 Terry Place Oak Ridge, NJ 07438 | Managing Member and sole member | 100% |

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No
 Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No
 Yes. Identify below.

| Name and address of recipient | Amount of money or description and value of property | Dates | Reason for providing the value |
|---|--|---------|--------------------------------|
| 30.1 Greg DePaolo 9 Terry Place Oak Ridge, NJ 07438 | Health insurance, see attached list | Various | Compensation |
| Relationship to debtor Sole member | | | |

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No
 Yes. Identify below.

Name of the parent corporation**Employer Identification number of the parent corporation****32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

No
 Yes. Identify below.

Name of the pension fund**Employer Identification number of the parent corporation**

Debtor

Belzo LLC d/b/a Rockaway Pharmacy & Compounding

Case number (if known) _____

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on October 5, 2020

/s/ Greg DePaolo

Signature of individual signing on behalf of the debtor

Greg DePaolo

Printed name

Position or relationship to debtor Managing Member

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No
 Yes

**United States Bankruptcy Court
District of New Jersey**

In re Belzo LLC d/b/a Rockaway Pharmacy & Compounding _____ Case No. _____
Debtor(s) Chapter 11 _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

| | |
|---|---------------------|
| For legal services, I have agreed to accept | \$ <u>25,000.00</u> |
| Prior to the filing of this statement I have received | \$ <u>24,000.00</u> |
| Balance Due | \$ <u>1,000.00</u> |

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

Pursuant to retainer agreement.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Pursuant to retainer agreement.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

October 5, 2020

Date

/s/ David Edelberg

David Edelberg

Signature of Attorney

Cullen and Dykman LLP

433 Hackensack Avenue, 12th Fl.

Hackensack, NJ 07601

201-488-1300 Fax: 201-488-6541

dedelberg@cullenanddykman.com

Name of law firm

United States Bankruptcy Court
District of New Jersey

In re Belzo LLC d/b/a Rockaway Pharmacy & Compounding _____ Case No. _____
Debtor(s) _____ Chapter 11 _____

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

| Name and last known address or place of business of holder | Security Class | Number of Securities | Kind of Interest |
|---|----------------|----------------------|------------------|
| Greg DePaola 9 Terry Place Oak Ridge, NJ 07438 | | 100% | |

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **Managing Member** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date October 5, 2020

Signature /s/ Greg DePaolo
Greg DePaolo

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
District of New Jersey**

In re Belzo LLC d/b/a Rockaway Pharmacy & Compounding _____ Case No. _____
Debtor(s) Chapter 11 _____

VERIFICATION OF CREDITOR MATRIX

I, the Managing Member of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: October 5, 2020

/s/ Greg DePaolo
Greg DePaolo/Managing Member
Signer>Title

Alblez, Inc.
22 Almadera Drive
Wayne, NJ 07470

Amerisource Bergen
1300 Morris Drive
Chesterbrook, PA 19087

Anda Pharmaceuticals Inc.
2915 Weston Road
Weston, FL 33331

Ariel Bouskila, Esq.
Berkovitch & Bouskila, PLLC
80 Broad Street, Ste 3303
New York, NY 10004

Bankers Healthcare Group
10234 W. State Road 84
Davie, FL 33324

Bloodwork Wholesale
2128 Yank Lamb Drive
Tifton, GA 31793

Blue Vine
30 Montgomery Street, Ste 1400
Jersey City, NJ 07302

Capital Wholesale Drug Co
873 Williams Ave
Columbus, OH 43212

Cardinal 110 LLC
c/o Scott Zuber, Esq.
Chiesa Shahinian and Giantomasi
One Boland Drive
West Orange, NJ 07052

Central Pay
2350 Kerner Blvd, Ste 300
San Rafael, CA 94901

CIT Bank N.A.
888 East Walnut Street
Pasadena, CA 91101

Debra DePaolo
9 Terry Place
Oak Ridge, NJ 07438

Forward Financing
53 State Street, 20th Fl
Boston, MA 02109

Fund Works
747 Front Street
San Francisco, CA 94111

Geoffrey E. Lynott, Esq
McCarter & English
Four Gateway Center
100 Mulberry Street
Newark, NJ 07102

Greg DePaolo
9 Terry Place
Oak Ridge, NJ 07438

Independent Pharmacy Cooperative
1550 Columbus Street
Sun Prairie, WI 53590

Internal Revenue Service
955 S. Springfield Avenue, Bldg A
Springfield, NJ 07081

Jersey Central Power and Light
PO Box 3687
Akron, OH 44309

Kapitus Servicing
2500 Discovery Blvd, Ste 200
Rockwall, TX 75032

M&T Bank
One M&T Plaza, 8th Floor
Attn: Mark W. Warren, Esq., Legal Dept
Buffalo, NY 14203

Michael S. Goodman, Esq.
3 University Plaza, Ste 350
Hackensack, NJ 07601

Moorehouse LP
33 Division Street
Somerville, NJ 08876

Moorehouse LP
33 Division Street
Somerville, NJ 07887-6000

New Jersey Natural Gas
415 Wyckoff Road
PO Box 1464
Belmar, NJ 07719

Optimum
1111 Stewart Avenue
Bethpage, NY 11714

PC Bancard
420 Boulevard
Mountain Lakes, NJ 07046

PNC Bank
222 Delaware Ave
Wilmington, DE 19801

State of New Jersey
Division of Taxation
Bankruptcy Section
P.O. Box 245
Trenton, NJ 08695-0245

Top RX LLC
3790 Commerce Court, Ste 400
North Tonawanda, NY 14120

Township of Rockaway
65 Mount Hope Road
Rockaway, NJ 07866

United States Bankruptcy Court
District of New Jersey

In re Belzo LLC d/b/a Rockaway Pharmacy & Compounding _____
Debtor(s) _____

Case No. _____
Chapter 11 _____

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Belzo LLC d/b/a Rockaway Pharmacy & Compounding in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

October 5, 2020

Date

/s/ David Edelberg

David Edelberg

Signature of Attorney or Litigant

Counsel for Belzo LLC d/b/a Rockaway Pharmacy & Compounding

Cullen and Dykman LLP

433 Hackensack Avenue, 12th Fl.

Hackensack, NJ 07601

201-488-1300 Fax:201-488-6541

dedelberg@cullenanddykman.com